

GENERAL FACT SHEET

Fill-in form, tab to next field

BILL NUMBER

12-17

BRIEF TITLE

APPROVED DEADLINE

REASON

Revision to Lincoln Municipal Code 6.08.040

DETAILS

POSITIONS/RECOMMENDATIONS

This amendment to LMC 6.08.040 would specify that an owner must provide a statement signed by a veterinarian describing such dog and verifying the fact that such dog has been spayed or neutered. The document would not be required if the dog was previously licensed by Lincoln Animal Control as spayed or neutered.	Sponsor	Health Department
	Program Departments, or Groups Affected	
	Applicants/Proponents	Applicant City Department Health Animal Control Division Other Animal Control Advisory Committee
Discussion (Including Relationship to other Council Actions)	Opponents	Groups or Individuals None known Basis of Opposition
	Staff Recommendations	<input checked="" type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	BY <u>LINCOLN-LANCASTER COUNTY Board of Health</u> <input checked="" type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

DETAILS

POLICY/PROGRAM IMPACT

	POLICY OR PROGRAM CHANGE	<input type="checkbox"/> NO <input type="checkbox"/> YES	
	OPERATIONAL IMPACT ASSESSMENT		
FINANCES			
COST AND REVENUE PROJECTIONS	COST of total project:		\$
	COST of this Ordinance/Resolution		\$
	RELATED annual operating Costs		\$
	INCREASE REVENUE EXPECTED/YEAR		\$
SOURCE OF FUNDS	CITY [Approximately]		
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%
	NON CITY [Approximately]		
		\$	%
		\$	%
		\$	%
		\$	%
BENEFIT COST			
<input type="checkbox"/> Front Foot		Average Assessment	
<input type="checkbox"/> Square Foot		\$	\$

APPLICABLE DATES:

FACT SHEET PREPARED BY: Judy Halstead

REVIEW BY:

REFERENCE NUMBER